

## **Application Data Sheet**

### **Application Information**

Filing Date::	<b>3/15/03</b>
Application Type::	<b>Regular</b>
Subject Matter::	<b>Utility</b>
Suggested classification::	<b>280/7</b>
CD-ROM or CD-R?::	<b>None</b>
Title::	<b>A topical treatment for dyshidrosis (pompholyx) and dry skin disorders</b>

Attorney Docket Number::	<b>NA</b>
Request for Early Publication?::	<b>No</b>
Request for Non-Publication?::	<b>No</b>
Total Drawing Sheets::	<b>2</b>
Small Entity?::	<b>Yes</b>
Petition included?::	<b>Yes</b>
Petition Type::	<b>Petition for Use of Color Photos</b>
Licensed US Govt. Agency::	<b>NA</b>
Secrecy Order in Parent Appl.?::	<b>NA</b>
	<b>No</b>

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### **Applicant Information**

Applicant Authority Type::	<b>Inventor</b>
Primary Citizenship Country::	<b>U.S.</b>
Status::	<b>Full Capacity</b>
Given Name::	<b>Elizabeth</b>
Middle Name::	<b>Anne</b>
Family Name::	<b>Mazzio</b>

Name Suffix:: **Dr.**  
City of Residence:: **Tallahassee**  
State or Province of Residence:: **Florida**  
Country of Residence:: **U.S.**  
Street of mailing address:: **982 W Brevard St D#22**  
City of mailing address:: **Tallahassee**  
State or Province of mailing address:: **Florida**  
Country of mailing address:: **U.S.**  
Postal or Zip Code of mailing address:: **32304**

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: **U.S.**  
Status:: **Full Capacity**  
Given Name:: **Karam**  
Middle Name:: **F**  
Family Name:: **Soliman**  
Name Suffix:: **Dr.**  
City of Residence:: **Tallahassee**  
State or Province of Residence:: **Florida**  
Country of Residence:: **U.S.**  
Street of mailing address:: **FAMU College of Pharmacy and  
Pharmaceutical Sciences**  
**104 Dyson Building**

City of mailing address:: **Tallahassee**  
State or Province of mailing address:: **Florida**  
Country of mailing address:: **US**  
Postal or Zip Code of mailing address:: **32307**

### **Correspondence Information**

Correspondence Customer Number:: **NA**  
Name:: **Elizabeth A. Mazzio**  
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City of mailing address:: **Tallahassee**  
State or Province of mailing address:: **Florida**  
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Phone number:: **1-(850)-681-2143**  
Fax Number: **1-(850)-599-3667**  
E-Mail address:: **elizabethmazzio@yahoo.com**

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### **Representative Information**

<b>Representative Designation::</b>	<b>Registration Number::</b>	<b>Representative Name::</b>
<b>NA</b>		

### **Domestic Priority Information**

<b>Application ::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
	An Application claiming the benefit under 35 USC 119(e)	Application # 60/456817	3/21/2003

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Date 3/15/04 Signature E. Mazzio